MANUFACTURED HOUSING DISPUTE RESOLUTION PROGRAM REQUEST FOR DISPUTE RESOLUTION
OFFICE OF THE ATTORNEY GENERAL
Consumer Protection Division STATEWIDE TOLL FREE 1-866-924-6458; KING COUNTY 206-464-6049

HOMEOWNER INFORMATION						
Name Please Print or Type Address:	Last	First		Middle Initial		
City:			_StateZip_			
Phone: Day: ()	Evening: ()	_ E-mail address:			
LANDLORD INFORMATION						
Name of Park/Community:						
Name of Owner or Property Manager_ Please Print or Type	Last	First		Middle Initial		
Address:						
City:		State:	Zip:_			
Phone: () Fax	x: ()	E-mail address:				
Name of On-site Manager, including h	nouse or site number					
Phone: (Fax	x: ()	E-mail address:		_		
		ABOUT YOUR I	SSUF			
ABOUT TOURISSUE						
*PLEASE READ: In order to process your complaint, the Attorney General's Office will send a copy of your request for dispute resolution to the other party. May the Attorney General's Office forward this other party a copy of your request? I understand that if I answer "No", the Attorney General's Office will not process this request. Yes □ No □						
are subject to public records	s disclosure requests his in mind when gi	. Under some circumst	ances, my request an	cord. Under state law, public records d related documents may be seen by al Security, credit and bank account		
Is there a signed lease agreement? Date entered into the lease://						
Describe what outcome you would like to have:						
Have you attempted to resolve this issue directly with the other party? Yes □ No □ If YES, to whom: (and their position)						
If yes, what was the response?						
If no, why not?						
Have you filed anything about this other party with the Attorney General's Office before? Yes 🗆 No 🗀 If Yes, list the file number						
Have you contacted a private attorney? Yes □ No □ If YES, identify the name and contact information of the attorney:						
Is there a court or other legal proceeding pending? Yes □ No □ If YES, please explain:						

EXPLAIN YOUR ISSUE IN DETAIL (use additional pages if necessary). ATTACH COPIES OF OTHER DOCUMENTS, SUCH AS CORRESPONDENCE, RULES & REGULATIONS, LEASES, NOTICES, ETC. DO NOT SEND ORIGINAL DOCUMENTS:						
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PLEASE TYPE OR PRINT.	RETURN TO:	Please include copies of related documents				
After your complaint is received, you	WA State Attorney General's Office	such as correspondence, rules &				
will be contacted by mail or email	Manufactured Housing Unit	regulations, notices, leases, etc.				
regarding assignment of your request.	800 FIFTH AVENUE, SUITE 2000	SEND COPIES ONLY - DO NOT				
	SEATTLE, WA 98104-3188	INCLUDE ORIGINAL DOCUMENTS				
	fax (206) 587-5636					
E-MAIL NOTIFICATION						
The Attorney General's Office will periodically issue press releases, consumer warnings and other notifications to the public. We						
would like to include you in our e-mail list for these notifications. Please check "Yes" if you want to receive these notifications.						
Yes □ No □						
SIGNATURE						
I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.						
I understand that my request for dispute resolution and the valeted decuments will become a "mublic record" and						
I understand that my request for dispute resolution and the related documents will become a "public record" and under state law may be subject to a public records disclosure request and thus be seen by other people.						
Signature	Date City and State where signe	ed				